



DOCKET FILE COPY ORIGINAL

Spencer Math & Science Academy  
214 North Lavergne  
Chicago, Illinois 60644

Phone: (773) 534-6150

Fax: (773) 534-6239

Mrs. Sharon Bryant  
Principal

Mr. William Harris  
Mrs. D. Jarrett  
Ms. Delores Thibodeaux  
Assistant Principals

July 31, 2001

Letter of Appeal  
School and Libraries Division  
Box 125 – Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

**RECEIVED**  
AUG - 2 2001  
**REG MAIL ROOM**

RE: Case 59459  
Docket Nos. 96-45 and 97-21

Dear Concern

I am writing this **letter of Appeal** as the Agent for Spencer Math & Science Academy.

This **Appeal** is based on the following: Spencer submitted form 486 dated September 29, 2000 for SLD approval. Upon review of the form, it was discovered that the incorrect funding version of form 486 was submitted. Upon calling the SLD on April 26, 2001, and speaking with Mr. Loqi, of the Technical Service Client Bureau, he indicated that the form was returned to Mr. Phillip Danzy, at Spencer School on October 2, 2000. Unfortunately, the contact person, Mr. Phillip Danzy had transferred and I, Mrs. Sharon Bryant was assigned as principal. If the form was returned, the letter was forwarded to Mr. Danzy or placed in the trash because Mr. Danzy was no longer employed at Spencer.

In January 2001, I Ms. Bryant submitted form 500. In March of 2001, the service provider, Greatline, informed the school/Ms. Bryant that there was a problem with payment. Greatline indicated that the SLD had informed them that no 486 form had been filed by Spencer School. There was no mention that the wrong form had been submitted and returned to the school. At that time, Ms. Bryant, copied forms 500 and 486 and re-submitted them to SLD.

Mr. Loqi explained that the resubmitted forms were received after the February 15, 2001 deadline, and that the forms were now on hold. At that time no formal notification had been given to the service provider or the school, therefore, Mr. Loqi suggested that Spencer School submit a letter of inquiry, attached.

No. of Copies rec'd \_\_\_\_\_  
LCLABODE

Letter of Appeal  
School and Libraries Division  
July 31, 2001  
Page 2

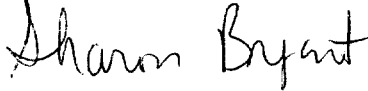
The school did submit a letter of inquiry and SLD did reply acknowledging the Letter of Inquiry. As of July 5, 2001, the SLD did send Greatline, the provider a formal letter. As of this date, Spencer has not received a formal letter, attached is a copy of the letter submitted by Greatline to Spencer.

At this time, I am submitting a formal letter of Appeal to the SLD. Given the confusion caused by the changes in Technology Coordinators/contact persons (Ms. Uhl to Mr. Danzy to currently Mr. Brewer) and the changes in the Administration (Dr. Givens to Ms. Davis to currently Ms. Bryant) at Spencer, Spencer respectfully requests you to grant this Appeal.

I did enclose new copies of forms 486, 500 and 474 in the letter of Inquiry to expedite processing and payment to the service provider.

Thank you for taking the time to review this matter.

Sincerely

A handwritten signature in cursive script that reads "Sharon Bryant".

Sharon Bryant, Principal  
Spencer Math & Science Academy

Enclosed form 471 Application  
Cc: Federal Communications Commission

# USAC

UNIVERSAL SERVICE  
ADMINISTRATIVE CO.

**SCHOOLS AND LIBRARIES DIVISION**

Box 125 - Correspondence Unit  
100 South Jefferson Road  
Whippany, NJ 07981

SPENCER ELEMENTARY SCHOOL  
~~CAROL UHL~~ *SHaron Bryant,*  
214 N LAVERGNE AVE  
CHICAGO IL 60644-2517

September 8, 1999

Re: Form 471 Application Number: 152103  
Funding Year: 07/01/1999 - 06/30/2000  
Billed Entity Number: 70866

Thank you for your 1999-2000 E-rate application and for any assistance you provided throughout our review. We have completed processing of your Form 471. This letter is to advise you of our decisions.

**FUNDING COMMITMENT REPORT**

From your Form 471, we reviewed row-by-row discount requests in Items 15 and 16. We assigned each row a Funding Request Number (FRN). On the pages following this letter, we have provided a Funding Commitment Report for each FRN in your application.

Attached to this letter you will find a guide that defines each line of the Funding Commitment Report and a complete list of FRNs from your application. The SLD is also sending this information to your service provider(s) so arrangements can be made to begin implementing your E-rate discount(s). We would encourage you to contact your service providers to let them know your plans regarding these services.

**FOR QUESTIONS**

If you have questions regarding our decisions on your E-rate application, please notify us in writing. Your questions should be sent to: Questions, Schools and Libraries Division, Universal Service Administrative Company, Box 125 - Correspondence Unit, 100 South Jefferson Road, Whippany, NJ 07981.

**FOR APPEALS**

If you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter as indicated by its postmark. In your letter of appeal, please include: correct contact information for the appellant, information on the Funding Commitment Decision you are appealing and the specific Funding Request Number in question, and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit, 100 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC): FCC, Office of the Secretary, 445 12th Street SW, Room TW-A 325, Washington, D.C. 20554.

**NEXT STEPS**

Once you have reviewed this letter and have determined that some or all of your requests have been funded, your next step is to complete and submit the enclosed FCC Form 486. This Form notifies the SLD that you are currently receiving or have begun receiving services approved for discounts and provides certified indication that your technology plan(s) has been approved. As you complete your Form 486, you should also contact your service provider to verify they have received notice from the SLD of your commitments. After the SLD processes your Form 486, we can begin processing invoices from your service provider(s) so they can be reimbursed for discounted services they have provided you. For further detailed information on next steps, please review all enclosures.



Universal Service Administrative Company  
Schools & Libraries Division

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May 7, 2001

Ms. Sharon Bryant, Principal  
Chicago Public Schools  
214 North Laverne  
Chicago, Illinois 60644

Ms. Sharon Bryant:

The Schools and Libraries Division of the Universal Service Administrative Company has received your correspondence regarding the 1999-2000 funding decision on your application. Here are the steps that will now follow:

1. We will review your correspondence carefully to identify the specific issue(s) it raises.
2. We will consult the program integrity assurance records and all supporting documentation for the application. Our goal is to determine whether the program rules were administered appropriately in processing your application.
3. Once the review process is completed we will respond in writing and state whether your appeal is approved, denied or approved in part. We will then follow with a funding commitment decision letter for any approved appeal resulting in additional discounts for your application. Funds have been set aside to implement funding decisions for appeals approved by the SLD and/or the Federal Communications Commission.

We have begun in-depth review of the appeals we have received, and our goal is to respond to you as promptly as possible. We thank you in advance for your patience as we handle your case with the care and attention it deserves.

Schools and Libraries Division  
Universal Service Administrative Company

Spoke with ~~Kendra~~ <sup>Kendra</sup> on 7/11/01  
SLD  
no decision has been made



**Universal Service Administrative Company**  
Schools & Libraries Division

**NOTICE OF YEAR 2 FUNDS CANCELLATION  
NON-RECEIPT OF FORM 486 and/or SPIN CHANGE REQUEST**

July 5, 2001

Greatline Electric, Inc.  
Mark Lazerwitz  
P.O. Box 1452  
South Holland, IL 60473

Dear Mark Lazerwitz:

The purpose of this letter is to inform you of the cancellation of Funding Request Number(s) (FRNs) for Year 2. This action follows our previous correspondence to the affected applicant(s) regarding the pertinent 471 Application(s). As indicated previously, if no action was taken by the deadlines provided, the Schools & Libraries Division (SLD) of the Universal Service Administrative Company would automatically cancel FRNs for Year 2. This letter is to advise you that SLD has determined that, for the Funding Request Numbers (FRNs) shown in the attached Funding Synopsis:

- \* no extension has been granted to the September 30, 2000 deadline for receipt of non-recurring services;
- \* there has been no Form 486 filed by the given deadline of February 15, 2001; and
- \* there has been no SPIN change request filed by the given deadline of January 31, 2001.

The funding commitment(s) detailed in the attached Funding Synopsis have now been cancelled. The affected applicant(s) was also notified about the cancellation.

The SLD will not process any submitted Forms 486 or Forms 500 that refer to the cancelled FRNs in the attached Funding Synopsis (unless and until any cancellation is successfully appealed). Such submitted Forms 486 or Forms 500 will not be returned to the applicant by the SLD, nor will the SLD provide any additional notification that any such forms submitted will not be processed.

Any appeal of the decision(s) detailed in this Notice of Year 2 Funds Cancellation Letter must be received within 30 days of the date on this Letter. (Information on the appeal process can be found in the "How to Apply, Step-by-Step" area of the SLD web site, [www.sl.universalservice.org](http://www.sl.universalservice.org)) Therefore, prompt communication with your customer is essential.

## **Funding Synopsis**

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- \* Funding Request Number (FRN): 262796
- \* Form 471 Application Number: 152103
- \* Name of 471 Applicant:  
    SPENCER ELEMENTARY SCHOOL
- \* Address of 471 Applicant:  
    214 N. LAVERGNE  
    CHICAGO, IL 60644
- \* Funding Year: 7/1/1999-6/30/2000
- \* Contract Number: #039925
- \* Services Ordered: Internal Connections
- \* Contract Expiration Date: 04/05/2000
- \* Total Program Year Pre-Discount Amount: \$177,092
- \* Applicant's Approved Discount Percentage: 90%
- \* Funding Commitment Decision: \$0.00



CHICAGO PUBLIC SCHOOLS

Sharon Bryant  
Principal

Spencer Math and Science Academy • 214 North Laverne • Chicago, Illinois 60644  
Telephone 773/534-6150 • Fax 773/534-6239

## LETTER OF INQUIRY

April 26, 2001

SLD  
Box 125 - Correspondence Unit  
100 S. Jefferson  
Whippany, NJ. 07981

Our Service Provider, Greatline Electric, was not paid on FRN 262796. We contacted Mr. Joe Loqi (ext. 2668) of the Technical Service Client Bureau to investigate the matter. We were informed by Mr. Loqi that our re-submitted forms were not processed because they arrived after the February 15, 2001 deadline.

Since we have not received a formal notification Mr. Loqi suggested we submit this letter of inquiry. We are requesting your help in resolving any issues with our SLD forms. We submitted form 486 dated 9/29/00 for SLD approval. Upon review, by the Chicago Public schools E-Rate Coordinator, we discovered the incorrect funding version of form 486 was submitted. Mr. Loqi indicated that the form was returned to Spencer School October 2, 2000. Unfortunately, the contact person, Mr. Phillip Danzy had been transferred and Ms. Sharon Bryant was just assigned as principal. Prior to leaving Mr. Danzy informed Ms. Bryant, the new principal, that all SLD forms were filed and in order.

In January and March of 2001 the service provider informed the school there was a problem with payment. In January 2001 the principal, Ms. Sharon Bryant, submitted the form 500. In March 2001, Ms. Bryant copied form 500 and form 486 and re-submitted them to SLD. Mr. Loqi explained, today, that the resubmitted forms were received after the February 15, 2001 deadline, and that the forms are now on hold. As of today, the school has received no correspondence regarding the status of the forms.

Given the confusion caused by the changes in contact person ( Ms. Uhl to Mr. Danzy to Mr. Brewer) and the change in administration (Dr. Givens to Ms. Davis to Ms. Bryant) at Spencer we respectfully request you waive the filing deadline. We are enclosing new copies of the form 486, 500, and 474 to expedite processing and payment to the service provider.

Thank you for any assistance you may provide in resolving this matter.

Sincerely,

Ms. Sharon Bryant  
Principal  
Spencer Math & Science Academy

Do not write in this space.

Approval by CME

0000 - 0000

## Universal Service for Schools and Libraries

Please read instructions before completing.

Estimated Average Burden Hours per Response: 1.5 hours  
(To be completed by Service Providers).

## SERVICE PROVIDER Invoice Form

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(a) or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**NOTICE TO INDIVIDUALS:** Section 53.519 of the Federal Communications Commission's rules require the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All service providers that have signed a contract or have tentatively agreed under which they provide discounted service to eligible schools and libraries who have received a Funding Commitment Decision Letter from the fund administrator are required to submit the Service Provider Invoice Form to obtain universal service support for the amount of the discounts provided to eligible schools and libraries. This Service Provider Invoice Form informs the fund administrator of the amount of the discounts provided to eligible schools and libraries and for which the service provider seeks universal service support. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court of appropriate jurisdiction. (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government is a party in a proceeding before the body of has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to assess your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-193, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, reviewing the collection of information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

1. Service Provider Name (30 characters maximum) *Greathline Electric*
2. Service Provider Identification Number (SPIN) (8 characters maximum) *143007717*
3. Contact Name (30 characters maximum) *Steve Buss*
4. Contact Telephone Number (14 digits maximum) *708-331-8707*
5. Invoice Number (25 characters maximum) *3046*
6. Invoice Date to SLC (mm/dd/yyyy) *9-27-00* *Nov/26, 2001*
7. Total Invoice Amount (sum of Column (4) - (4) - 14.2 digits maximum) *\$ 159,382.80*



4/26/01

001817-A10-VV-VV-00016

# SERVICE PROVIDER Invoice Form

|    | (8)  | (9)  | (10)  | (11)                                 | (12)   | (13)   | (14)   |
|----|--|--|---|--------------------------------------|--|--|--|
|    | FCC Form 471<br>Application<br>Number<br>(10 digits)<br>(from Funding<br>Commitment Decisions<br>Letter) | Funding Request<br>Number (FRN)<br>(10 digits)<br>(from Funding<br>Commitment Decisions<br>Letter) | Bill Frequency<br>(Monthly,<br>Quarterly,<br>Annually, One-<br>time, Other) | Customer<br>Billed Date<br>(mm/yyyy) | Shipping Date to<br>Customer or Last<br>Day of Work<br>Performed<br>(mm/dd/yyyy) | Total<br>(Undiscounted)<br>Amount for<br>Service per FRN<br>(14.2 digits max.) | Discount Amount<br>Billed to SLC<br>(14.2 digits max.) |
| 1  | 152103   | 262796   | one-time  | 4-28-00                              | 4-26-2001  | \$177,092.00   | \$159,382.80   |
| 2  |  |  |   |                                      |  |  |  |
| 3  |  |  |   |                                      |  |  |  |
| 4  |  |  |   |                                      |  |  |  |
| 5  |  |  |   |                                      |  |  |  |
| 6  |  |  |   |                                      |  |  |  |
| 7  |  |  |   |                                      |  |  |  |
| 8  |  |  |   |                                      |  |  |  |
| 9  |  |  |   |                                      |  |  |  |
| 10 |  |  |   |                                      |  |  |  |
| 11 |  |  |   |                                      |  |  |  |
| 12 |  |  |   |                                      |  |  |  |
| 13 |  |  |   |                                      |  |  |  |
| 14 |  |  |   |                                      |  |  |  |
| 15 |  |  |   |                                      |  |  |  |

## Universal Service for Schools and Libraries

### Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.0 hours  
(To be completed by Schools and Libraries or Consortia.)

Form 486 Number 152103  
(unique identifying number assigned by applicant)

**Block 1: Applicant Information**

|  |  |   |   |
|--|--|---|---|
| 1. Name of Billed Entity Applicant (required)<br><u>Spencer MATH and Science Academy</u> |  | 2. Billed Entity Number<br>(required)<br><u>70866</u> | 3. Funding Year<br>(required)<br><u>1999-2000</u> |
| 4. Complete Mailing Address of Billed Entity Applicant (required)                        |  |   |   |
| Street Address, P. O. Box or Route Number<br><u>214 North LAVERGNE Street</u>            |  | City<br><u>CHICAGO, ILLINOIS</u>                      | State<br><u>60644</u>                             |
| 10-Digit Phone Number<br><u>(773) 534-6150 School</u>                                    |  | Fax Telephone Number<br><u>(773) 534-6239</u>         | E-Mail Address                                    |
| 5. Contact Person Information  |  |   |   |
| Contact Person Name (required)<br><u>Philip Dazzo / SHARON BRYANT</u>                    |  |   |   |
| Mailing Address (required if different from Item 4)                                      |  | City  | State   |
| Street Address, P. O. Box or Route Number  |  | City  | Zip Code  |
| 10-Digit Phone Number  |  | Fax Telephone Number                                  | E-Mail Address                                    |

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity's 486 Number (to be assigned by Fund Administrator)

Sharon Bryant  
Sharon Bryant

Billed Entity Name

Spencer

Contact Name

<sup>83</sup>  
~~Philip Dancy~~ / Sharon Bryant

Billed Entity Number

70866

Contact Telephone Number

(773) 534-6150

**Block 2: Early Filing Information**

(This block is to be used only to file this form before July 1 of the relevant funding year and only for those services starting in July.)

6. IF YOU ARE FILING THIS FORM 486 **BEFORE** THE START OF THE FUNDING YEAR FOR WHICH THESE FUNDING REQUESTS HAVE BEEN APPROVED, CHECK THE STATEMENT BELOW.

☐ The Funding Requests listed in Block 3 below, have been approved by SLD, as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will begin to be delivered in July.

**Remember: Early filing is an option if and ONLY if services are scheduled to start within the month of July.**

|  |   |
|--|---|
| Billed Entity Name <u>Spencer Math Science</u> | Contact Name <u>Sharon Bryant</u><br><del>Philip Danz</del> |
| Billed Entity Number <u>70866</u>              | Contact Telephone Number <u>(713) 534-6150</u>              |

**Block 3: Service Information**

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD.\* You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here. Page 3     

|   | (A)<br>471<br>Application<br>Number<br><br>(10 digits)<br><br>From FCDL | (B)<br>Funding<br>Request<br>Number<br>(FRN)<br><br>(10 digits)<br><br>From FCDL | (C)<br>Billing Account<br>Number<br><br>(required if contained<br>on your FCDL) | (D)<br>Service<br>Provider<br>Name<br><br>From FCDL | (E)<br>Service Provider<br>Identification<br>Number<br>(SPIN)<br><br>(9 digits)<br><br>From FCDL | (F)<br>Funding Year Service<br>Start Date*<br><br>(Earliest Date that<br>Discounts Will Begin)<br><br>(*Cannot be before<br>July 1 of the Funding<br>Year for which you are<br>requesting discounts.)<br>(mm/dd/yyyy) |
|---|---|--|---|---|--|---|
| 1 | 152103  | 262796   |   | Great Line Electric                                 | 143007717  | 9-9-00  |
| 2 |   |  |   |   |  |   |
| 3 |   |  |   |   |  |   |
| 4 |   |  |   |   |  |   |
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| 6 |   |  |   |   |  |   |
| 7 |   |  |   |   |  |   |
| 8 |   |  |   |   |  |   |

\*You should file this form within 10 business days of the initiation of service. For services starting in July, you may file before service has started, as soon as you receive your Funding Commitment Decision Letter, and if you check Item 6. If you check Item 6, any and ALL services on this form must feature a July start date.

|                      |                |                          |   |
|----------------------|----------------|--------------------------|---|
| Billed Entity Name   | <u>Spencer</u> | Contact Name             | <del>Philip P. Dancy</del> / <u>Sharon Bryant</u> |
| Billed Entity Number | <u>70866</u>   | Contact Telephone Number | <u>(713) 534-6150</u>                             |

**Block 4: Certification**

8. I certify that the technology plan(s) for the services received as indicated above have been approved by: (Fill in the name of each organization that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.) (Required to be completed)

Chicago Public Schools, ISBE Area VII Hub

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9. I certify that the services listed above have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed above except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.

11. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

|   |                        |
|---|------------------------|
| 12. Signature (original ink signature required) | 13. Date (required)    |
| <u>Sharon Bryant Sharon Bryant</u>              | <u>9-29-00 4-26-01</u> |

14. Printed name of authorized person (required)

SHARON BRYANT

15. Title or position of authorized person (required)

Principal

16. Telephone number of authorized person (required)

(713) 534-6150

17. E-mail address of authorized person (required, if available)

18. Address of authorized person (required)

214 North Laverne

A paper copy of this form, with an original signature in Block 4, Item 12 should be mailed to:

SLD-Form 486  
P. O. Box 7026  
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 486  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100

# Universal Service for Schools and Libraries

## Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by Schools and Libraries or Consortia.)Form 500 Number  
(unique identifying number assigned by applicant)**Block 1: Applicant Information**

|  |   |   |  |
|--|---|---|--|
| 1. Name of Billed Entity Applicant (required)<br><b>SPENCER ELEMENTARY SCHOOL</b>                            |   | 2. Billed Entity Number<br>(required) <b>70866</b>      | 3. Funding Year<br>(required) <b>1999-2000</b> |
| 4. Complete Mailing Address of Billed Entity Applicant (required)  |   |   |  |
| Street Address, P. O. Box or Route Number<br><b>214 NORTH LAVERGNE</b>                                       |   | City<br><b>CHICAGO</b>                                  | State<br><b>IL.</b>                            |
|  |   | Zip Code<br><b>60644</b>                                |  |
| 10-Digit Phone Number<br><b>773-534-6150</b>   | Fax Telephone Number<br><b>773-534-6239</b> | E-Mail Address<br><b><del>witcher@hcfmail.com</del></b> |  |
| 5. Contact Person Information  |   |   |  |
| Contact Person Name (required)<br><b><del>DAVID BREWER</del> TECH. COORDINATOR SHARON BRYANT - PRINCIPAL</b> |   |   |  |
| Mailing Address (required if different from Item 4)  |   |   |  |
| Street Address, P. O. Box or Route Number  |   | City  | State  |
|  |   | Zip Code  |  |
| 10-Digit Phone Number  | Fax Telephone Number                        | E-Mail Address  |  |

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

63

Billed Entity Name SPENCER ELEM. SCHOOL Contact Name ~~DAVE BROWER~~/SHARON BRYANT  
 Billed Entity Number 70866 Contact Telephone Number (773) 534-6150

**Block 2: Services Adjustment:** Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2  

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 152103  
 (B) Funding Request Number (required): 0000262796  
 (C) Billing Account Number (required, if contained in your FCDL):  
 (D) Service Provider Name (required): GREATLINE ELECTRIC  
 (E) Service Provider SPIN (required): 143007717

#### ADJUSTMENT TO FRN LISTED ABOVE:

|   |                                       |  |
|---|---------------------------------------|--|
| <b>(F) Service Start Date</b>                   | Original Date (mm/dd/yyyy):           | New Date (mm/dd/yyyy):                 |
| <input type="checkbox"/> Change Date            |                                       |  |
| <b>(G) Contract Expiration Date</b>             | Original Date (mm/dd/yyyy):           | New Date (mm/dd/yyyy):                 |
| <input checked="" type="checkbox"/> Change Date | <u>06/30/2000</u>                     | <u>09/30/2000</u>                      |
| <b>(H) Cancel FRN</b>                           | Original Commitment Amount:           | New Commitment Amount:                 |
| <input type="checkbox"/> Please Cancel          |                                       | \$0.00                                 |
| <b>(I) Reduce FRN</b>                           | Original Commitment Amount from FCDL: | New Commitment Amount AFTER Reduction: |
| <input type="checkbox"/> Please Reduce          |                                       |  |

|  |   |
|--|---|
| Do Not Write In This Area  |   |
| Billed Entity Name <u>SPENCER ELEM. SCHOOL</u>   | Contact Name <u>83 <del>DAVE BREWER</del>/SHARON BRYANT</u>   |
| Billed Entity Number <u>70866</u>  | Contact Telephone Number <u>773-534-6150</u>                  |
| <b>Block 3: Certification</b><br>7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.<br>8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.<br>9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form. |   |
| 10. Signature (original ink signature required)<br><u>Sharon Bryant Sharon Bryant</u>  | 11. Date (required)<br><u>JANUARY 20, 2001 April 26, 2001</u> |
| 12. Printed name of authorized person (required) <u>SHARON BRYANT</u>  |   |
| 13. Title or position of authorized person (required) <u>PRINCIPAL</u>   |   |
| 14. Telephone number of authorized person (required) <u>773-534-6150</u>   |   |
| 15. E-Mail address of authorized person (required, if available)   |   |
| 16. Address of authorized person (required) <u>214 NORTH LAVERGNE STREET CHICAGO, IL 60644</u>   |   |

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

SLD-Form 500  
P. O. Box 7026  
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100



# Universal Service for Schools and Libraries

## Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by Schools and Libraries or Consortia.)

Form 500 Number  
(unique identifying number assigned by applicant)

### Block 1: Applicant Information

|  |  |  |   |
|--|--|--|---|
| 1. Name of Billed Entity Applicant (required)<br><b>SPENCER ELEMENTARY SCHOOL</b>                              |  | 2. Billed Entity Number<br>(required) <b>70866</b> | 3. Funding Year<br>(required) <b>1999-2000</b>    |
| 4. Complete Mailing Address of Billed Entity Applicant (required)  |  |  |   |
| Street Address, P. O. Box or Route Number<br><b>214 NORTH LAVERGNE CHICAGO IL.</b>                             |  | City<br><b>CHICAGO</b>                             | State<br><b>IL.</b>                               |
| 10-Digit Phone Number<br><b>773-534-6150</b>   |  | Fax Telephone Number<br><b>773-534-6239</b>        | E-Mail Address<br><b>83<br/>witcher@hmail.com</b> |
| 5. Contact Person Information  |  |  |   |
| Contact Person Name (required)<br><del>DAVID BREWER - TECH. COORDINATOR</del> <b>SHARON BRYANT - PRINCIPAL</b> |  |  |   |
| Mailing Address (required if different from Item 4)  |  |  |   |
| Street Address, P. O. Box or Route Number  |  | City   | State   |
| 10-Digit Phone Number  |  | Fax Telephone Number                               | E-Mail Address                                    |

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

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The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

**Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)** \_\_\_\_\_

53

Billed Entity Name SPENCER ELEM. SCHOOL Contact Name ~~DAVE BREWER~~ / SHARON BRYANT  
Billed Entity Number 70866 Contact Telephone Number (773) 534-6150

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2  

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 152103  
(B) Funding Request Number (required): 0000262796  
(C) Billing Account Number (required, if contained in your FCDL):  
(D) Service Provider Name (required): GREATLINE ELECTRIC  
(E) Service Provider SPIN (required): 143007717

**ADJUSTMENT TO FRN LISTED ABOVE:**

|   |                                       |  |
|---|---------------------------------------|--|
| <b>(F) Service Start Date</b>                   | Original Date (mm/dd/yyyy):           | New Date (mm/dd/yyyy):                 |
| <input type="checkbox"/> Change Date            |                                       |  |
| <b>(G) Contract Expiration Date</b>             | Original Date (mm/dd/yyyy):           | New Date (mm/dd/yyyy):                 |
| <input checked="" type="checkbox"/> Change Date | <u>06/30/2000</u>                     | <u>09/30/2000</u>                      |
| <b>(H) Cancel FRN</b>                           | Original Commitment Amount:           | New Commitment Amount:                 |
| <input type="checkbox"/> Please Cancel          |                                       | \$0.00                                 |
| <b>(I) Reduce FRN</b>                           | Original Commitment Amount from FCDL: | New Commitment Amount AFTER Reduction: |
| <input type="checkbox"/> Please Reduce          |                                       |  |

|  |   |
|--|---|
| Do Not Write In This Area  |   |
| Billed Entity Name <u>SPENCER ELEM. SCHOOL</u>   | Contact Name <sup>83</sup> <u>DAVE BREWER / SHARON BRYANT</u> |
| Billed Entity Number <u>70866</u>  | Contact Telephone Number <u>773-534-6150</u>                  |
| <b>Block 3: Certification</b><br>7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.<br>8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.<br>9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form. |   |
| 10. Signature (original ink signature required)<br><u>Sharon Bryant</u>  | 11. Date (required)<br><u>JANUARY 20, 2001</u>                |
| 12. Printed name of authorized person (required) <u>SHARON BRYANT</u>  |   |
| 13. Title or position of authorized person (required) <u>PRINCIPAL</u>   |   |
| 14. Telephone number of authorized person (required) <u>773-534-6150</u>   |   |
| 15. E-Mail address of authorized person (required, if available)   |   |
| 16. Address of authorized person (required) <u>214 NORTH LAVERGNE STREET CHICAGO, IL 60644</u>   |   |

**A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:**

**SLD-Form 500  
P. O. Box 7026  
Lawrence, Kansas 66044-7026**

**If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:**

**SLD-Form 500  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100**

## Universal Service for Schools and Libraries

### Receipt of Service Confirmation Form

Estimated Average Burden Hours Per Response: 1.0 hours  
(To be completed by Schools and Libraries or Consortia.)

Please read instructions before completing.

Form 486 Number 152103  
(unique identifying number assigned by applicant)

#### Block 1: Applicant Information

|  |  |   |   |
|--|--|---|---|
| 1. Name of Billed Entity Applicant (required)<br><u>Spencer MATH and Science Academy</u> |  | 2. Billed Entity Number<br>(required)<br><u>70866</u> | 3. Funding Year<br>(required)<br><u>1999-2000</u> |
| 4. Complete Mailing Address of Billed Entity Applicant (required)                        |  |   |   |
| Street Address, P. O. Box or Route Number      City      State      Zip Code             |  |   |   |
| <u>214 North Laverne Street      CHICAGO, Illinois      60644</u>                        |  |   |   |
| 10-Digit Phone Number  |  | Fax Telephone Number      E-Mail Address              |   |
| <u>(773) 534-6150 School</u>   |  | <u>(773) 534-6239</u>                                 |   |
| 5. Contact Person Information  |  |   |   |
| Contact Person Name (required)<br><u>Philip Danzy / SHARON BRYANT</u>                    |  |   |   |
| Mailing Address (required if different from Item 4)                                      |  |   |   |
| Street Address, P. O. Box or Route Number      City      State      Zip Code             |  |   |   |
| 10-Digit Phone Number      Fax Telephone Number      E-Mail Address                      |  |   |   |

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity's 486 Number (to be assigned by Fund Administrator) Sharon Bryant

Billed Entity Name Spencer Contact Name Philip Danzy / Sharon Bryant  
Billed Entity Number 70866 Contact Telephone Number (773) 534-6152

**Block 2: Early Filing Information**

(This block is to be used only to file this form before July 1 of the relevant funding year and only for those services starting in July.)

6. IF YOU ARE FILING THIS FORM 486 **BEFORE** THE START OF THE FUNDING YEAR FOR WHICH THESE FUNDING REQUESTS HAVE BEEN APPROVED, CHECK THE STATEMENT BELOW.

☐ The Funding Requests listed in Block 3 below, have been approved by SLD, as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will begin to be delivered in July.

**Remember: Early filing is an option if and ONLY if services are scheduled to start within the month of July.**

|                      |                             |                          |                      |
|----------------------|-----------------------------|--------------------------|----------------------|
| Billed Entity Name   | <u>Spencer Math Science</u> | Contact Name             | <u>Philip Danzy</u>  |
| Billed Entity Number | <u>70866</u>                | Contact Telephone Number | <u>(73) 534-6150</u> |

**Block 3: Service Information**

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD.\* You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here. Page 3     

|   | (A)<br>471<br>Application<br>Number<br><br>(10 digits)<br><br>From FCDL | (B)<br>Funding<br>Request<br>Number<br>(FRN)<br><br>(10 digits)<br><br>From FCDL | (C)<br>Billing Account<br>Number<br><br>(required if contained<br>on your FCDL) | (D)<br>Service<br>Provider<br>Name<br><br>From FCDL | (E)<br>Service Provider<br>Identification<br>Number<br>(SPIN)<br><br>(9 digits)<br><br>From FCDL | (F)<br>Funding Year Service<br>Start Date*<br><br>(Earliest Date that<br>Discounts Will Begin)<br><br>(*Cannot be before<br>July 1 of the Funding<br>Year for which you are<br>requesting discounts.)<br>(mm/dd/yyyy) |
|---|---|--|---|---|--|---|
| 1 | 152103  | 262796   |   | Greatline Electric                                  | 143007717  | 9-9-00  |
| 2 |   |  |   |   |  |   |
| 3 |   |  |   |   |  |   |
| 4 |   |  |   |   |  |   |
| 5 |   |  |   |   |  |   |
| 6 |   |  |   |   |  |   |
| 7 |   |  |   |   |  |   |
| 8 |   |  |   |   |  |   |

\*You should file this form within 10 business days of the initiation of service. For services starting in July, you may file before service has started, as soon as you receive your Funding Commitment Decision Letter, and if you check Item 6. If you check Item 6, any and ALL services on this form must feature a July start date.

|  |   |
|--|---|
| <b>Billed Entity Name</b> <u>Spencer</u> | <b>Contact Name</b> <u>Philip Danzy / Sharon Bryant</u> |
| <b>Billed Entity Number</b> <u>70866</u> | <b>Contact Telephone Number</b> <u>(773) 534-6150</u>   |

**Block 4: Certification**

8. I certify that the technology plan(s) for the services received as indicated above have been approved by: (Fill in the name of each organization that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.) (Required to be completed)  
Chicago Public Schools, ISBE Area VII Hub.
  
9. I certify that the services listed above have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed above except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
11. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

|   |                                       |
|---|---------------------------------------|
| 12. Signature (original ink signature required)<br><u>Sharon Bryant</u>       | 13. Date (required)<br><u>9-29-00</u> |
| 14. Printed name of authorized person (required)<br><u>SHARON BRYANT</u>      |                                       |
| 15. Title or position of authorized person (required)<br><u>Principal</u>     |                                       |
| 16. Telephone number of authorized person (required)<br><u>(773) 534-6150</u> |                                       |
| 17. E-mail address of authorized person (required, if available)              |                                       |
| 18. Address of authorized person (required)<br><u>214 North Laverne</u>       |                                       |

A paper copy of this form, with an original signature in Block 4, Item 12 should be mailed to:

SLD-Form 486  
 P. O. Box 7026  
 Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 486  
 c/o Ms. Smith  
 3833 Greenway Drive  
 Lawrence, Kansas 66046  
 888-203-8100